ALTERED MENTAL STATUS - PEDIATRIC

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Diabetic ketoacidosis (diabetic coma) can present as altered mental status in the pediatric population, if suspected initiate fluid challenge of 20 mL/kg.

3. If respiratory depression (respiratory rate less than or equal to 12 minute), may repeat:
   - ► *Naloxone (Narcan ®):*
     - *0.1 mg/kg IN or IM, may repeat every 3 minutes as needed (maximum single dose 1 mg).*
     - *0.1 mg/kg IV, every 3 minutes as needed (maximum single dose 1 mg).*

4. There are multiple potential causes for altered mental status in children, consider these potential etiologies in the field setting:

   Hypoxia
   Hypoglycemia
   Occult injury (particularly closed head injury)
   Sepsis with poor cerebral perfusion
   Poisoning (medications or other toxins)
   Anaphylaxis with poor cerebral perfusion
   Carbon monoxide toxicity
   Hypovolemia due to fluid loss (such as vomiting/diarrhea)
   Seizure, atypical
   Menigitis/encephalitis

ALS STANDING ORDER

1. Cardiac monitor and document rhythm with rhythm strip.
2. Pulse oximetry, if room air oxygen saturation less than 95%:
   - ► *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
3. Protect airway, assist ventilation with BVM as required.
4. For signs of poor perfusion or hypotension (BP systolic less than 80):
   - ► *Establish IV/IO access*
   - ► *Infuse 20 mL/kg Normal Saline IV/IO bolus (maximum 250 mL) and make BH contact. May repeat twice for total of 3 boluses as a standing order.*

5. Blood glucose analysis, if blood glucose equal to or less than 60, administer one of following:

   - ► *Oral glucose preparation, if tolerated and airway reflexes are intact.*
   - ► 10% Dextrose 5 mL/kg IV/IO (maximum 200 mL)
   - ► *Glucagon 0.5 mg IM if unable to establish IV.*

   Note : IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.

6. If respiratory depression (respiratory rate less than or equal to 12 minute) and narcotic toxicity suspected, give:

   - ►*Naloxone (Narcan ®):*
     - *0.1 mg/kg IN or IM (maximum 1 mg), may repeat every 3 minutes as needed.*
     - *0.1 mg/kg IV/IO (maximum 1 mg), every 3 minutes as needed.*
     - *4 mg/0.1 mL preloaded nasal spray IN*

7. Reassess and document response to each treatment.
8. ALS escort to nearest appropriate ERC, contact Base Hospital (CCERC base preferred) as needed.

Approved: Carl Schultz, MD

Reviewed:4/2013, 8/2024
Final Date for Implementation: Aug. 8, 2024

ALTERED MENTAL STATUS - PEDIATRIC

BASE GUIDELINES

5. Pediatric GCS (Procedure B-02):

Variable	Description	Score
Eye Opening	Eyes opening spontaneously	4
	Eyes opening to sound	3
	Eyes opening in response to painful stimulus	2
	No eye opening	1
Verbal Response	Smiles, oriented to sounds, follows objects, interacts, coos	5
	Irritable cries and inappropriate interactions	4
	Cries in response to pain	3
	Inconsolable and moans in response to pain	2
	No verbal response	1
Motor Response	Infant moves spontaneously or purposefully	6
	Infant withdraws form touch	5
	Infant withdraws from pan	4
	Abnormal flexion to pain for an infant (decorticate response)	3
	Extension to pain (decerebrate response)	2
	No motor response	1
Maximum Score		15

ALS STANDING ORDER

Approved: Carl Schultz, M.D.

Reviewed:4/2013, 8/2024
Final Date for Implementation: Aug. 8, 2024